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H. E. T. MANNING, M. D., T. A. ASHBY, M. D.

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MANNING & ASHBY, Editors and Publishers,

BALTIMORE, MD.

CONTENTS FOR SEPTEMBER.

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is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

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"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

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"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
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"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. T. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.
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MARYLAND
MEDICAL JOURNAL.

VOL. I. BALTIMORE, SEPTEMBER, 1877. NO. 5.

ORIGINAL PAPERS.

OPTHALMIC AND AURAL NOTES.

BY M. J. DE ROSSET, M. D., OF WILMINGTON, N. C.

The following cases, extracted from the case-book, are recorded more particularly for the unusual character of the lesions they presented than for any special lessons to be drawn from them.

CASE I. Sarah S. colored, æt. 4 years, was brought, with a brief history, February 8, 1877. "She had fallen upon a pair of scissors seven days previously, and both blades 'stuck in the lower lid,' since which time she had been perfectly blind in that eye."

There was the appearance of a nearly healed wound in the middle of and two lines below the margin of the lower lid of the right eye. There was no conjunctival injection; pupils equal, the right one acting in association with the left, but not responding to light when exposed alone. There was manifestly no vision in the right eye.

The ophthalmoscope, with dilated pupil, revealed a normal fundus, the optic disc and vessels presenting no departure from the usual appearance.

The diagnosis (by exclusion) was division of the optic nerve, and doubtless the scissors had penetrated beneath and behind the ball, which in its instinctive roll upwards had brought the nerve down within reach of the scissors, and was severed, judging from the ophthalmoscopic indications, at a point posterior to that at which it is pierced by the *arteria centralis*.

No treatment. Prognosis, blindness.

Case II. W. M. F., of North Carolina, æt. 21, came for consultation in reference to a tumor on the nose and upper lid of left eye. Could give no history of injury. First noticed it eighteen months before, since which time it has grown slowly, but gives no pain and he is not conscious of its presence except when corrugating the occipito-frontalis, when it imparts a sense of stiffness.

The tumor was located on the left margin of the nose near its root, extending upwards and outwards, about one inch in its long diameter, along the orbital margin near to the supra-orbital notch. Its transverse diameter was one-quarter inch. It was hard and movable, but seemed limited in this latter respect, as if it were bound by a bridle to the frontal bone.

The excision was done under chloroform, a dense mass of hypertrophied areolar tissue, with some fat, being removed; in the midst was a splinter of pine wood (light wood), having a perfectly fresh appearance, the clearage lines, angles and points being well marked, and not at all worn away or rounded off by solution.

The patient's positive denial of any accident did not shake my belief that he had at some time been injured, and I was gratified to receive a few days later a letter from his father, in which he stated that eleven years previously he had been struck near the eye by a billet of pine wood, which made but a slight wound. This was explanation sufficient, but a remarkable feature was that the splinter should have remained so many years without producing suppuration or irritation, and also that it should have maintained such a perfectly fresh appearance. Could this be due to the preservative nature of the contained turpentine?

Case III. S. H. T. æt. 35, farmer, Dublin County, N. C., while driving cattle, June 12th 1877, cracked his whip, received a severe blow on the right eye. All vision was immediately lost for a few days, when distant vision improved a great deal, and near vision remained dim. Had applied cold water, etc. He came June 29. Right upper lid œdematous and red, and presenting above the inner canthus, an unhealthy suppurating oval wound. The eye ball was projected prominently forward, scarcely covered by the swollen lid; there was a divergence of three

lines. The ocular conjunctiva very œdematous. Pupil dilated to 5 m. m., and iris immovable.

The wound was carefully explored with a probe, and at the depth of one and one-half inches from the external wound backwards and outwards, there was imparted the sensation of a foreign body. A delicate pair of forceps, introduced to the same depth and in the same direction, seized and drew out with little difficulty, a sole leather thong one and one-half inches long, and one-sixth of an inch thick, slightly curved, as if in conformity to the contour of the eye ball. This evidently was a piece of a whip-lash, which doubtless when the injury was received, had been projected violently with a sling-like movement against the lid, penetrating deeply. It lay across the upper part and behind the eye-ball, the near end being but slightly in front of the equator, probably not touching the optic nerve, as the deep end was to the outer side of that. But there was a decided paretic condition of the superior rectus, particularly as to its inner fibres, as subsequently appeared from the crossed double images.

After removal of the foreign body, there was considerable relief in tension and pain, but the ball did not recede, owing to swollen state of retro-ocular tissues. V was equal to eighteen-fortieths, but was not perfectly centric. With + one-fortieth V + eighteen-thirtieths, showing slight H, which is important as indicating that the eye-ball was not elongated by traction of the optic nerve, but rather flattened by pressure from behind. The left eye was emmetropic. There was no diplopia until the good eye was covered by a ground glass, when the fixation for neither was centric. With a candle at ten feet the images were crossed, that from the right eye lying higher and diverging away from the other at the top, and this in all but the right lateral half of the field where there was no diplopia.

When we consider the action of the several muscles of the eye, it is easy to trace this trouble to failure of the superior rectus to perform its part. This muscle moves the eye upwards, assists by its innermost fibres to rotate it inwards, and inclines the vertical meridian inwards. If there is any disturbance of its power there will be a predominant effect produced by the oppos-

ing muscles. Hence we find an increased effect from the unopposed action of the inferior rectus, by which there is produced a difference in height of the two images; also from the unopposed action of the superior oblique, the images are made to diverge at the top; and the innermost fibres of the muscles being paretic, there is a loss of effect in the direction in which they act, and the eye is rotated outwards, producing crossed images. Doubtless, therefore, the force of the blow was expended on the superior rectus, the superior oblique, as may be inferred from the direction of the wound, narrowly escaping injury likewise.

In the right lateral half of the field, the injured muscle not being employed in that direction, no error of position is expected and of course no double images.

At first these double images were observed only when the acuteness of vision in the sound eye was reduced by ground glass to a degree approximating that in the other, but in two days after improvement set in, and the injured eye had acquired greater acuteness the diplopia became constant.

By strong effort both eyes could be made to converge and fix for a moment up to eight inches, but the right internal rectus, receiving little or no aid from the superior rectus, soon wavered and gave away.

The opthalmoscopic picture was interesting. The arteries were small, the veins full, and the disc covered with a delicate gray fibra, a real *traumatic choked disc*, produced by swelling of the peri-neural structures.

There was dilatation of pupil to 5 m. m., and a paralysis of positive accommodation, due to paresis of 3rd nerve from the blow. The patient remained five days, at the end of which time there was rapid improvement in every particular. By letter received one month later, I learn that there still remained some diplopia which it required effort to overcome.

The remainder of this paper may be devoted to a few practical points.

I desire, (without giving cases, which might be cited in great numbers) to call attention to the topical use of iodoform in the treatment of *otitis media catarrhalis*, particularly where there

is perforation or loss of the tympanic membrane. No other application, whether of my own device or as suggested by the authorities, has proven nearly so efficient in my hands. Indeed, the prompt and beneficial effect of iodoform has in many instances been little short of marvelous and in all well marked. I have the notes of several cases of long standing, one as long as nineteen years, which were speedily cured as to the discharges, and greatly benefited as to audition.

The ears are cleansed in the usual way with a stream of tepid water, and, after the use of Politzer's bag, dried with pledgets of cotton; the iodoform is then introduced by Ranchfuss' tube in sufficient quantities to cover thickly the entire tympanum. The process may be repeated from one to three times a week, always cleansing in advance. If a Ranchfuss tube is not convenient the application may be made by means of cotton mop on a staff.

I know no objection to its use except the disagreeable odor of the iodoform, but experience soon imparts sufficient skill to avoid that

The philosophy of its action is obvious: it is a disinfectant, a dessicant, prevents the diapedisis of white corpuscles, and promotes the activity of the absorbent vessels.

In reference to the use of chloroform, I desire to express my conviction with Professor Chisolm that it is a safe anæsthetic when properly employed, and that its safety is due more to the skill of the administrator than to the physical condition of the patient. I do not know that I can speak as strongly of it as he does, for I have been unfortunate enough to witness two deaths during its administration, and I recall a case, in which Drs. Chisolm and Miles were kind enough to assist me, where we thought that such dangerous symptoms were developed as to call for its suspension. I may state that in the same patient, it has been subsequently used with pleasant effect, and for the same purpose—the cure of haphyloraphy.

The following description of an inhaler will enable everyone, at a trifling cost, to supply himself with a very simple and effective device, which may be employed when it is designed to admit air, or to exclude it as suggested by Drs. Sayre and Otis:

A thick, hollow India-rubber ball, three inches in diameter, is used. Cut off a segment amounting to about one sixth of the sphere. Bevel the edges; cut into one side of the opening a recess for the reception of the nose, and you have an inhaler adapted to any face. A flat piece of sponge, or a layer of cotton is sewed in as a lining, by passing the silk through the ball. A number of holes, as from a shoemaker's punch, are made as vents, and an incision forming three-fourths of a circle, may be made in the top to constitute a flap which can be raised for the supply of additional chloroform, without removing the inhaler. It is simple, effective, economical in the use of the anæsthetic, cannot hurt the patient if he struggles, and does not break when dropped. It has a single drawback, namely, that it is dissolved by ether and chloroform, but this action is slow, and counts for nothing when the cost of renewel is considered.

DANGERS OF VAGINAL INJECTIONS, WITH TWO CASES OF PERITONITIS CAUSED BY THE FLUID PASSING THOUGH UTERUS AND FALLOPIAN TUBE.

BY GEORGE JOHNSON, M. D., FREDERICK CITY, MARYLAND.

During the past score of years, leucorrhœa has become marvelously and fashionably frequent; and its relief, by the use of vaginal injections, is constantly attempted, as often without as with medical advice. Scarcely a family but thinks itself defective in household furniture, without the possession of a "Davidson," "Favorite," or "Anglo-American-for-the-million" syringe. The general construction, of the vaginal nozzle, is the same in nearly all of those soft rubber instruments, which, from convenience or cheapness, have grown into popular favor, and have almost entirely superseded the old straight syringes of glass or hard rubber. Indeed, the fatigue incident to working the piston, as well as the inconveniences of necessary position, and repeated introductions,

will always prevent the general use of the latter, although certainly the more safe of the two varieties. The faulty construction, as regards size, shape and position of orifices, in the nozzles of the syringes in common use, is so apparent to every thinking observer, and has been lately so distinctly protested against by Dr. Studly,* in an article describing a nozzle designed by him, that it seems amazing that manufacturers continue to flood the country with instruments so fraught, in unskilled hands, with danger in the way of suffering and death. Uterine colic, of various degrees of intensity, produced by the vaginal injection passing into the uterus, has fallen under my observation sufficiently often to lead me to think, that, notwithstanding the paucity of cases found reported in current medical literature, other physicians must have had similar experiences.

The cases below, involving the gravest consequences from this accident, are published with the hope that like disasters, observed by others, may be reported, until the indiscriminate use of the faulty nozzles shall be so generally discountenanced, by the profession, as to make it the manufacturer's interest, no less than duty, to supersede them by Studley's, or others of safer construction. Until this end be attained, it is believed, the observance by physicians of the following rules, as regards instruments now in vogue, would materially lessen danger:

1. To counsel patients, as opportunity offers, against vaginal injections, except under direction of a physician.

2. Never to order vaginal injections, until vaginal examination has shown that the patient is free from patulous os uteri, and retroverted or prolapsed uterus.

3. To insist, that the patient shall always use the injections, in the recumbent position, and always lie leisurely and gently.

4. Always, when ordering the injections, to see that the central opening, in the nozzle of syringe to be used, has been securely closed by soldering, or other device.

Case I. Mrs. G. W., æt. 19 years, mother of one child about a year old. Six months previously she had been directed by her

*N. Y. Medical Record, Vol. 10, page 397.

physician to use vaginal injections of tepid infusion of oak bark for the relief of leucorrhœa. This she had done repeatedly, sometimes daily when annoyed by excessive discharge, and always without discomfort until upon the present occasion, February 28, 1874. Being pressed at this time by domestic duties she hurriedly injected the infusion cold as the winter day, inserting the nozzle (which had the usual central, as well as lateral, apertures) as far within her person as possible. She immediately fell over upon the floor, exclaiming, "I am suffering frightfully! I have killed myself!" Peritonitis at once set in to which she succumbed in forty-six hours in spite of the most careful treatment of physicians and assiduous attention of friends.

Case II. Mrs. T. W. C., mother of six children, the youngest four and one-half months old. A few days previous to the accident, having lately felt debilitated, she casually consulted a medical relative, in reference to a leucorrhœa from which she suffered, and to which, she attributed her run-down condition. By his advice, she commenced taking a bitter tonic, and using daily, with a Davidson syringe, a vaginal injection of sulphate of zinc—a drachm to a pint of water. This gave no inconvenience until the morning of August 28, 1876, when, feeling hurried to meet social engagement, and experiencing difficulty in inserting the nozzle, as far as usual she pressed it with unusual firmness, and squeezed the ball several times in rapid succession with some force. Her position at the same time was stated to have been semi-erect. Immediately she was seized with chill, attended by excruciating pain in hypogastrium, rapidly extending to left iliac quarter and back. This was controlled by free exhibition of morphia, but persistent tenderness over the same regions and temperature rapidly rising to 105° in axilla marked onset of inflammation. Examination per vaginam revealed an excessively tender retroverted uterus with os sufficiently patulous to admit tip of index finger, from which was oozing thin bloody mucus. The injection had evidently entered the uterus and passing through the left fallopian tube had produced both the metritis and peritonitis which were now rapidly developed. Prompt, thorough and repeated vesication over entire abdomen, followed

by warm emollient cataplasms with morphia and quinia in full doses, constituted the chief elements of treatment, under which with careful supporting alimentation the patient finally recovered after days of extreme illness and suffering.

CINCHO-QUININE.

BY FERDINAND KING, M. D., PH. G., ATLANTA, GA.

Modern medical economists have for some time past been busily engaged in hunting a substitute for sulphate of quinine in consequence of the scarcity and high price of that well known and valuable therapeutic agent. In their experiments and investigations, which have been more vigorously prosecuted in the southern and western states than elsewhere, they have not confined themselves exclusively to the small group of alkaloids derived from chinchona; but they have tried almost everything posessed of any characteristic bitter taste in which they imagine the anti-periodic or febrifuge properties of cinchonia alkaloids might possibly be found. In searching for this much desired substitute our profession has been seriously imposed upon by an army of silver-tongued agents, sent among us by unscrupulous, money-grabbing pharmacal manufacturers, who by their smiles and flattery induce not a few of our most intelligent practitioners to try their quinine substitutes. In this way they create a temporary demand for their preparations, thereby enriching the manufacturer at the expense of the physician's reputation and of times at the sacrifice of an unfortunate patient. Now, as the effects of the cinchona alkaloids are sure and certain, I think we lose ground every time we deviate from the old and long beaten track. The scientific investigator has so far failed to discover anything possessing even a tittle of their well known antiperiodic and febrifuge properties. A new remedy offered in their place sometimes enjoys temporary reputation, but it soon goes down before cinchona and its invincible alkaloids.

There are, it is true, some serious objections—such as urticaria, diarrhoea &c., sometimes following the employment of the *single* or *uncombined* alkaloids, but these unpleasant symptoms depend upon some idiosycrasy of the patient, just as catarrhal indications not unfrequently follow the administration of iodide of potassium. These consequences, observable in such a small per cent. of patients, where valuable therapeutic agents are administered, I am sure, should not prejudice us against their general use. The same objections against the employment of quinine under certain pathological conditions, may with equal propriety be applied, as above intimated, to the other single alkaloids of cinchona—i. e. quinidia, cinchonidia, quinquimcia, cinchonia, &c., Unpleasant symptoms are noticeable when we administer any of the alkaloids just enumerated, in large or heroic doses. To produce "quininism" by administering any of these single alkaloids, save quinine, we must employ larger doses of them than of the latter agent. For instance, let us take sulphate of cinchonidia. This I think almost worthless as an antiperiodic unless we give at least three times as much of it at a dose as of the sulphate of quinine. When given in large doses we find all the symptoms of "quininism" present—such as cerebral disturbance evinced by a feeling of tightness in the head, ringing in the ears, difficulty of hearing, &c. It seems that more or less of these must, in a measure, be secured before our patient can be relieved of his malarial depression; therefore as such a large quantity of sulphate cinchonidia is required to procure "quininism," I think we practire poor economy when we prescribe it.

The *modus operandi* by which cinchona or its alkaloids relieve malarial fevers or influences, is not understood by a large number of our profession. Therefore the remedy is oftentimes hypothetically employed by our average medical practitioner. Many of these hypotheses are no doubt frequently correct, though the result of guess work. We all know that the blood undergoes the most remarkable changes where patients are suffering from the effects of malarial poison. There is a very marked increase in the quantity of the plasma or alkaline fluid while there is corresponding decrease in the red globules or corpuscles. This

condition is plainly evinced by the characteristic paleness always observable in patients suffering from malarial anæmia. Scientific and intelligent physicians will readily agree that it is necessary to restore this blood to its normal condition before we can bring back to our patient his wonted health. Therefore when called upon to prescribe, for a malarial patient we should first examine his blood and learn what elements are wanting before we administer our remedies. This done we should prescribe such remedial agents as are calculated to replace the lost elements and restore this great life-supporting fluid to its original healthy condition. We find nothing in our materia medica that meets all the unfavorable indications observed in these patients so completely as cinchona or peruvian bark itself; but owing to its bulk and the length of time required for its assimilation it is objectionable. The ingenuity of the scientific and progressive pharmacist has, however, overcome these objections and given us all the active principles of the Peruvian bark, in a combination very appropriately called by its manufacturers (Mess. Billings, Clapp & Co., Boston,) *Cincho-Quinine*. In this combination we find the nearest approach to the original substance, peruvian bark, that modern science has yet attained. It is, as before stated, a combination of all the active medicinal principles of the best cinchona bark, and after the long and thorough test it has had, it stands unrivaled as a prompt, safe and uniformly reliable antiperiodic, possessing all the advantages and none of the disadvantages of sulphate of quinine or any of the single alkaloids of cinchona. It is entirely free from such external agents as sugar, licorice, starch, magnesia, &c. It is wholly composed of the bark alkaloids, viz: quinia, cinchonia, quinidia, cinchonidia and the other alkaloidal principles which have not been distinctly isolated, and the precise nature of which has not been well understood. Analyses by competent disinterested chemists attest the presence of all these alkaloids in Cincho-Quinine. In its preparation all the active tonic and febrifuge principles of the bark, are secured without the bulky inert lignin, gum, tannin, &c. It exerts the full therapeutic influence of the sulphate of quinine in the *same doses*, without oppressing the stomach or creating nausea. It

produces little or no cerebral disturbance as quinine does, and I have found it to produce much less constitutional distress than the latter agent.

While engaged in the practice of medicine in the swamps and malarial districts of Alabama some years ago, where chills and marsh fevers were found in almost every family in my territory, during the late summer and early fall, I first learned the value of Cincho-Quinine as a therapeutic agent in treating these maladies. I could not cure my patient with quinine alone, as it simply acted as a cerebral stimulant and did not restore any of the lost elements of the blood. True it staved off the paroxysms, but they returned when the remedy was left off. Having procured a sample of the Cincho-Quinine and being pleased with the combination I administered it to some of my worst cases, in whom I had the pleasure of noting a marked improvement from the very first dose, and a permanent cure at the expiration of one or two weeks. I found no difficulty in inducing the most delicate child or squeamish female to swallow the remedy as it was quite soluble in water, almost tasteless, and not leaving that clinging, lasting, bitter taste peculiar to the sulphate.

One of the main points I desire to impress upon the minds of those who read this article is that cincho-quinine is not sulphate of quinine, it is not sulphate of cinchonidia, it is not cinchonia, but it is these and all the other alkaloids of cinchona in *combination*, and it is this composition, this representation of all the medicinal principles found in Peruvian bark that gives it the value claimed for it over and above all other preparations, or any one of the single alkaloids of this valuable bark.

A majority of our oldest living practitioners agree that larger quantities of quinine are required to treat successfully, malarial diseases at the present time than when the salt was first introduced to the profession. This is not, in my opinion, owing, as many suppose, to the inferior quality of quinine as it is now found in the market, but because it is too purely and solely a sulphate of a single alkaloid, lacking in those properties that were found in the salt when prepared by the unskilled Pharmacist of several decades ago. As produced then, it contained many of the secondary

alkaloids now found in Cincho-Quinine, and which contribute so much to the value of the latter combination as an anti-periodic and febrifuge. The cincho is not "explosive" in its action from the fact that in the combination, the amount of nitrogen, always present in alkaloids, is greatly diminished by uniting them; hence less cerebral feeling and less constitutional disturbance follow its administration than are usually attendant upon the employment of the single or uncombined alkaloids. The same rules, as I before stated, are to be observed in regard to the use of the Cincho, that govern us when we employ the sulphate of quinine. It is given in the same doses and where the siege treatment is indicated, it still more emphatically commends itself to the special, attention of our profession everywhere.

Not only should the real therapeutical value of Cincho-Quinine recommend it to our profession, but its low price is another inducement to us to prescribe it. It is less costly than the sulphate while the dose is the same. The price of it fluxtuates with the rise and fall of Peruvian bark, just as in the case of the sulphate, still it is at all times furnished at less than half the cost of that salt.

Some may ask why Cincho-Quinine has not come into more general use in the South. To such inquiries I would reply it is from the fact that it has not been so extensively advertised as sulphate of cinchonidia, chinoidine and some others of that cheap class of anti-periodics.

Cincho-Quinine stands on its own merits, and its use will become universal when it has been thoroughly tested by our profession; I know personally at this comparatively early period, of a number of leading practitioners in my own state who employ it to the almost entire exclusion of the sulphate of quinine—prescribing the latter agent only in purely nervous affections.

REPORTS OF CASES.

CASE OF CLEFT PALATE.

J. EDWIN MICHAEL, M. D., DEMONSTRATOR OF ANATOMY, IN THE UNIVERSITY OF MD., AND ONE OF THE SURGEONS OF THE UNIVERSITY HOSPITAL.

In November 1876, I was invited, through the courtesy of Dr. Clinton McSherry, to see Ella B. aged 14. The patient is a pretty, healthy, well developed child, her only defect being the peculiar nasal Punch-like voice, which betokens inability to close the naso-pharyngeal cavity. On examination we found a perfectly symetrical cleft of the soft palate, extending from the hard palate to the tip of the uvula. Upon this we determined to operate, which we did, after the following manner: Having passed a stout silk ligature through the left side of the velum in order the better to control its movements, a narrow sharp-pointed tenotome was passed just inside the hamular process, and the tendon of the *tensor palati* divided. We preferred this to the procedure of Fergusson, (performing the tenotomy from behind) because it was easier of accomplishment and just as likely to lead to a good result. The hemorrhage from this incision was considerable, but was controlled by the patient, holding lumps of ice in her mouth. After cutting the tendon on the other side in the same manner the palato-pharyngeus of each side was severed by snipping the posterior pillars with scissors. The two sides could then be readily brought into apposition. Having carefully pared the edges by the use of a sharp bistouri, these sutures were applied. The passage of the sutures was very tedious and difficult, as we then performed it by the use of staff needles. The sutures were closed with the usual surgeon's knot and we left the patient in high hopes of a favorable result. No anæsthesia was necessary, the fortitude of the patient serving us instead, and we did not find it expedient to use a gag.

We visited the patient on the next morning, and our chagrin can be better imagined than described when we looked into her mouth, and found that the saliva had completely untied our knots and the sutures were hanging loose. We allowed the parts to resume their natural condition, which required a few weeks, and in the process a small portion of the upper end of the cleft healed by granulation. We operated again in December and this time measures where taken to avoid the difficulties of the first operation. We had some stout needles made with a horse-shoe curve, the eye in the butt, and we determined to use perforated shot for securing the sutures. Tenotomy was not considered necessary, as the parts were in tolerable apposition from the previous operation. Having pared the edges, one of our horse-shoe needles was placed on each end of the suture to be used. Fixing the needles in stout holders, we found it a comparatively easy matter to pass them through the velum, from behind forward when they were seized by another forcep and brought out of the mouth. The two ends of the suture thus applied were then passed through the perforated shot, the shot seized in appropriate forceps, carried back until the edges were in sufficient apposition and fixed by a squeeze. Thus we applied the three sutures and left the edges of the cleft in beautiful apposition. We were much pleased by the use of the horse-shoe needles and the shot, as the former very much facilitated the application of the sutures and the latter held them firmly until nature removed them by ulceration. Nevertheless, our result was no better than before, the sutures cutting through and no union taking place except a small portion of the upper, and by granulation. In January we operated again, doing the operation *in extenso*, cutting the tendons and paring the edges. We also used our horse-shoe needles and shot on this occasion with much satisfaction. This last operation was crowned with success, partial though it was, in the union by first intention of a small portion of the lower end of the cleft, thus transforming our case into one of perforated instead of cleft palate.

This perforation we determined to heal, if possible to heal, by the use of strong acid, without subjecting our plucky little patient to the pain of another operation. We also had in view the pos-

sibility of an unlucky slip of the knife or an unexpected movement on the part of the patient destroying the good result we had already obtained. Nitric acid was therefore applied, to the edges of the opening about once a week, and under its use we had the satisfaction of seeing the hole grow beautifully less in size until it finally closed, leaving the patient with a complete velum, the only abnormal appearance being the cicatrix and some bifurcation of the uvula, which so far had resisted the action of the acid. A pine stick sharpened at the end is a much more efficaceous means for the application of the acid than a glass rod, on account of its porosity. There is also less danger of dropping the acid from it upon other parts. Now as to the results of this operation, which occupied so much of our time and gave us so much trouble. The defects to be remedied by the operation are those of deglutition and articulation. Deglutition in our case was prefect before we operated; articulation was miserably bad. It was with the utmost difficulty that we could understand her. Since the closure of the cleft, her articulation has very much improved, so much so that we can carry on a conversation with her without difficulty. Of course it is not to be expected that one who has never had a palate could use one with any degree of skill. Having acquired it one must learn the use of it gradually, as one learns to use an artificial limb, and if the patient be deficient in perseverance and energy, he will not be much benefitted by the restoration of the velum. Though he has it he does not use it but continues in his old style of Punch-and-Judy articulation, and his friends (usually very liberal in opinions on such matters) pronounce the operation a failure. Our little patient is now learning to articulate, the apparatus having been put in good repair. If she speaks rapidly and carelessly the voice does not differ very matierally from that of former times, but at her last visit to us when her attention was called to the matter and she made an effort she could pronounce even the sibilants distinctly. "Yes sir," and "sister" were distinctly enunciated. Such progress in so short a time (two months) can not fail with due diligence on the part of the patient to lead to a very satisfactory conclusion.

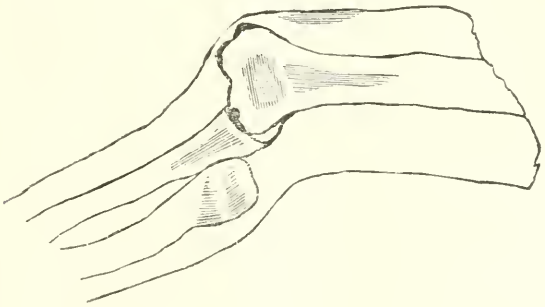
DISLOCATION OF RADIUS AND ULNA OUTWARDS (INCOMPLETE).

L. MC LANE TIFFANY, M. D., PROFESSOR OF OPERATIVE SURGERY, UNIVERSITY OF MARYLAND.

Complete dislocation of the forearm outwards is one of the most rare of surgical accidents. The following case approaches nearly to a complete displacement and offers some points of interest for comparison with other injuries occurring at the elbow joint.

Rachel Hess, colored, aged 68, fell down stairs Christmas Eve 1876, striking the inside of her left forearm against the edge of the lower step. The arm became useless and greatly swollen.

Was seen by me April 28th, 1877. The forearm was markedly deflected outwards; the inner condyle of the humerus, as also the epicondyle, was clearly defined under the skin; the finger could be pressed into the olecranon fossa.



The head of the radius could be felt unsupported to the outer side of the arm; behind the olecranon was easily made out, the greater sigmoid notch playing on the capitellum of the humerus.

From the internal epicondyle of the right arm to the styloid process of the ulna, the measurement was 10 inches; corrisponding measurement of the left arm gave 9¼ inches. In estimating

the actual shortening, the outward deflection of the forearm must be considered. A line drawn posteriorly between the condyles of the humerus one third of an inch of the injured limb passed below the tip of the olecranon.

Circumference of right elbow 8½ inches.

Circumference of left elbow 10 inches.

The left forearm could be flexed on the arm to nearly a right angle. Extension almost normal. Pronation and supination perfect. Brachial artery, very atheromatous, could be seen plainly beating under the skin at the bend of the elbow; apparently it was superficial to the deep fascia.

Lateral mobility pronounced. The patient having been etherized, an attempt at reduction was made but owing to the condition of the arteries not persevered in for any time. The dislocation remained unreduced. No evil consequences ensued from the attempt.

CORRESPONDENCE.

Battleboro', N. C., August 2nd, 1877.

Editors Maryland Medical Journal:

Dear Sirs:—Of a number of cases of reflex paralysis, upon which I have performed circumcision, I desire to present for publication the report of the following case:

In June 1875, I was desired to see John A., age seven years, living in my adjoining county. From his mother I learned the following history of the case. That he was healthy and growthy until the fall of 1872, at which time he began having convulsions and continued to have several each day without seemingly to impair his health, until the latter part of the summer of 1874. Then he began to tumble down very frequently and grow more and more clumsy, until finally he became generally paralyzed.

I found him unable to move hand or foot, nor could he articulate a word; his expression was somewhat idiotic, bowels constipated and had been as long as ten days without an action, even after taking several doses of castor oil. At times suffered with

retention of urine, very restless and slept little. While I was examining his abdomen my hand accidently touched his penis, the organ immediately became erected and the boy instantaneously had a convulsion. After few inhalations of chloroform the spasm passed off. Soon as he aroused which was after about twenty minutes, I thought I would again try and see if by irritating the penis it would cause another fit; at once he became convulsed. His mother told me that invariably at the time he had a fit his penis would become erected, and that she had known him to have as many as sixteen in twenty-four hours. I soon satisfied myself that the boy's paralysis was from reflex irritation caused by phymosis and adherent prepuce. I circumcised him at once and tore the adherent mucus membrane from the glands with thumb and finger nail of each hand in the manner suggested by Prof. Sayre, of New York. Behind the corona was impacted sebaceous material. After cleaning the gland thoroughly it was kept dressed with cold water. I gave him no medicines, and in two days I went to see him, and to my great surprise I found my patient sitting up in a chair, with more intelligent countenance, bowels had moved regularly, had voided urine freely, slept tolerably well the night after the operation, and very soundly the second night, and had had only one convulsion. Five days afterwards I visited him again, found that he could walk across the room, had no convulsion, and bid fair to make a rapid and complete recovery. Electricity was applied and gave him Pyrophosphate Ferri, and Tr. Nux Vomica.

He was brought to my office some two weeks afterwards greatly improved in every respect. Same treatment continued with counter irritation over the spine.

I am satisfied that many of the cases of irritable children with restless sleep and bad digestion, which are often attributed to other causes are entirely dependent to the irritation of the nervous system, caused by an adherent or constricted prepuce. I think the profession is greatly indebted to Prof. Sayre for his valuable papers upon this subject.

Very truly, yours,

W. H. WHITEHEAD, M. D.

REPORTS OF SOCIETIES

TRANSACTIONS OF MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

[EXTRACT.]

"Relation of cases" being in order, the following were given to the Society:

CASE I. Dr. Jno. N. Monmonier, had been called to see a child eight years of age, who was bleeding profusely from a wound of the tongue. The list of styptics having been exhausted before his arrival, without benefit, he decided to resort to operative interference, viz: to pass sutures upon either side of the wound, draw it together and stuff the interstices firmly with lint, and tie the sutures over the compress thus formed. By this means direct pressure upon the bleeding vessels was obtained, and the hemorrhage controlled. The sutures were removed the next morning and the case did nicely.

CASE II. Dr. Thos. R. Brown brought before the Society a patient, upon whom he had operated, with the following history:—X. Y., aged 55, received about one year ago, a blow over the right inferior maxilla, with a piece of iron; soon after a swelling of the gum was noticed, and two teeth were extracted by a dentist, who supposed the swelling to be the result of a dental abscess. The tumor continued to grow, however, and Prof. Smith who saw it diagnosed it an epulus. The case came subsequently under the notice and care of Prof. Brown, who, regarding it as malignant, advised its removal, which was effected by an incision commencing to the left of the median line of the chin, descending by a curved line to the inferior margin of the maxilla, and passing backward to the ramus. The bone was then nicked with a saw and the diseased portion was broken away. The flap was restored to its place, and, notwithstanding the extent of the surface made bare, the wound healed by first intention. The line of incision is hidden by the beard, and the patient suffers little or no deformity.

CASE III. Dr. A. B. Arnold stated that he had had recently, in one family, five cases of diphtheria, occurring consecutively; one of these he lost, and in this case the disease had *invaded the larynx*. The other cases,

although very severe, were free from this complication. The point he desired to make was, that when the larynx is free from the diphtheritic invasion the disease is not so dangerous.

Dr. Lynch stated that his experience confirmed this view, and that the establishment of cinchonism early in the history of the case is *very frequently preventive* of the laryngeal complication. Since his adoption of the quinine treatment his proportion of fatal cases has been much smaller.

CASE IV. Dr. C. C. McDowell related a case of scleroderma occurring in a patient three weeks of age. The child had been from birth subject to occasional attacks of partial pulmonary collapse, and after the establishment of the dermal lesion, it was always exacerbated by an attack of the pulmonary collapse, so that the two diseases seemed to bear a relation to one another—perhaps that of cause and effect. The cutaneous surface was largely involved. During the pulmonary attacks warm baths, artificial respiration and stimulants were resorted to; in the intervals an inunction of iodine and iodide of potassium was used. Four or five weeks of treatment were necessary and the child gradually recovered.

CASE V. Dr. Arnold related a case of chorea which had resisted all usual forms of treatment for two and a half years, but which yielded to enforced *absolute rest* of the voluntary muscles, *in bed*, combined with alternated hot and cold douches to the spine. (Iron was also used against the concomittant anemia).

MEDICAL SOCIETY OF HARFORD COUNTY.

The Medical Society of Harford County, pursuant to a call by the President, Dr. W. Stump Forwood, held a special meeting at Churchville, July 18, 1877, to give expression to the feelings of respect and honor, so long entertained, and to the profound sorrow now occasioned the profession in the loss sustained by the death of Professor Nathan R. Smith.

Dr. W. Stump Forwood, called the meeting to order with appropriate remarks upon the character and works of the deceased.

On motion of Dr. W. W. Virdin a Committee of five was appointed to draft resolutions of respect to the memory of Professor Smith. The President named Drs. Jno. Evans, W. W. Virdin, R. D. Lee, Silas Scarboro and W. W. Hopkins as the Committee.

The above Committee through their Chairman Dr. Virdin reported the following resolutions:

Resolved,—By the Medical Society of Harford County, that in the death of Professor Nathan R. Smith, the medical profession has lost, not merely a foremost Surgeon in the State of Maryland, but one whose qualifications and deeds, entitle him to rank among the memorable men of the times in which we live, and whose skill has left with his successors in practice, many appliances not before known for the alleviation of human suffering. United to wise observation, he possessed a sound and discreet judgement and zeal in the advancement of science, which commanded respect and invited reliance on his Surgical and medical skill.

Resolved,—That his modest and urbane manners, his purity of life and unflinching integrity, have won for him the esteem and love of all who knew him, and especially those of us who have received the benefit of his teachings at the bedside, and in the lecture-room; we mourn his loss and have engraved upon our hearts the model of a Christain gentleman.

Resolved,—That we deeply deplore the loss of Professor Smith, and direct that this testimonial of our veneration for his memory, our appreciation of his skill as a surgeon, and love for him as a man, be conveyed with cordial sentiments to his family.

After reading of the Resolutions, eulogistic remarks were made Dr. W. W. Virdin, Dr. Silas Scarboro, Dr. Jno. Lee, Dr. John H. Cochran, Dr. W. W. Hopkins and Dr. R. D. Lee.

The resolutions were adopted unanimously and the meeting adjourned.

H. CLAY WHITEFORD, M. D.

Secretary.

SELECTIONS.

THE SURGICAL TREATMENT OF EMPYEMA.

There are few cases which cause more anxiety to physicians than patients suffering from empyema, and we fear that uncertainty as to the best mode of treatment considerably aggravates this anxiety. Time is often wasted while half measures are being tried and found to fail; and sometimes it is only as a *dernier ressort*, when the patients strength is exhausted, and the case is desperate, that the true curative treatment is adopted. When the existence of pus within the pleural cavity has been established, there can be no doubt of the necessity for its evacuation. The question remains, How can this best be accomplished? Aspiration is the easiest method, and in children is frequently very successful; for any pus that remains after the operation is not unfrequently absorbed, and masses of lymph become organized. But in adults we do not meet with these favorable results; the hopes excited by the immediate relief following the aspiration are only too commonly dissipated by the evident signs of resecretion of pus. The fact is that the aspirator never completely empties a chest, and the fluid left behind is neither absorbed nor organized, but causes further suppuration. The other plan of making a free opening into the chest, low down, completely evacuates the pus, and allows of the gradual obliteration of the pleural cavity by the expanding lung, collapsing walls, and displacement of adjacent viscera, and it offers the only chance of cure in the great majority of cases of empyema in the adult. But there is a dread of this operation in the minds of many, owing to the evil results not unfrequently attending it; prolonged suppuration, destroying life by hectic, albuminoid disease, or acute tuberculosis; or decomposition of pus, with consequent blood poisoning. Here it is that we think the antiseptic treatment can be employed with the happiest results; for it has been in cases of large abscesses that its most decided triumphs have been won. Where only pure

non-irritating air is admitted to the pleural cavity, the suppuration at once, or soon, ceases, and the patient escapes the danger of blood-poisoning. A drainage tube should be employed, and care should be taken that it be passed just into the pleura; but it is unnecessary that any of the tube should be free in the cavity. Several cases are on record where these tubes have slipped into the pleura, and have given rise to trouble in extraction. This accident can be quite prevented by adopting the simple expedient of transfixing the outer end of the tube with a hare-lip pin, which crosses the wound and effectually prevents the tube pressing in; and if the ends of the pin be secured to the chest, by strapping, it equally prevents the tube's being forced out of the opening. The tube should not be withdrawn until all secretion from the pleura has ceased. *Monthly Abstract, Md. Science—Lancet, May 5th, 1877.*

On Dyspepsia.—At a late meeting of the Harveian Society of London, Dr. Farquharson read a paper on this subject.

Attention was directed to the state of the tongue in dyspepsia. A deeply fissured tongue often meant little; whereas a thin white fur, composed of minute dots, was generally found along with pain immediately after food. Pain after a longer interval was accompanied by a pale, flabby tongue, with reddish tip and centre. The treatment of dyspepsia consisted of two parts, that of food and that of drugs. The latter was the principle part with patients applying for gratuitous relief. The pain occurring immediately after food was usually relieved by alkalies; whereas acids were indicated where suffering was not experienced until an hour or two after the commencement of the digestive act. For the relief of the nausea and sickness remaining after the bowels were thoroughly cleansed, nothing was so effectual as hourly drop-doses of ipecacuanha wine. Nux vomica was also a valuable remedy. Pain might be but the protest of the stomach against an overload, or be the result of deficient tone, from general nervous exhaustion. In some cases each meal was followed by diarrhœa; and for these cases attention was directed to Ringer's plan of minute doses of the liquor hydrargyri perchloridi. In

speaking of diet, Dr. Farquharson pointed out that there are three forms of dyspepsia: 1. The dyspepsia of fluids, as it is called, where the stomach seems intolerant of all forms of fluid. 2. The digestive derangements following intemperance in the matter of animal food; and, 3. The dyspepsia connected with indulgence in tea, or other warm and weak infussions of tannin.—*Medical and Surgical Reporter.*

Remedy for Whooping-cough.—M. Dervieux.—(*Lyon Medical*, No. 11, 1877.) M. Dervieux believes he has found a preservative means in aconite associated with ipecac and cherry laurel water. This mixture is either a veritable preventive, or simply an abortive. His formula is as follow:

Extract of aconite,	.05	grammes	= $\frac{5}{6}$ grain nearly.
Cherry laurel water,	4.	"	= 1 dram "
Syrup of Ipecac,	3.	"	= ¾ " "
Mucilage,	200.	"	= 6½ ounces "

This is given as soon as the characteristic cough presents itself, in doses of a teaspoonful every hour to young infants; two teaspoonfuls to those more than three years of age, and a teaspoonful to adults every hour. *Chicago Medical Journal and Examiner.*

Ergot in Atony of the Bladder.—*The Doctor*, July 1.—At a meeting of the Berlin Medical Society, Prof. von Langenbeck stated that in atony of the bladder, associated with enlarged prostate, in elderly men, in which the organ is never completely emptied of urine, he has lately tried the hypodermic injection of ergotine with most surprising results. In three cases, the contractile power was at once increased, so as to enable the patient to discharge the additional urine, and in a few days it had so augmented that very little urine was left behind. After one or two injections, the improvement was considerable, and even a diminution in the size of the prostate seemed to have ensued. Dr. Israel said that he had derived the same benefit from the employment of ergotine, and referred to the case of a patient who was thus enabled to hold his water for three hours, whereas before he voided it every ten minutes.—*Ibid.*

The Physiological Action of Cannabis Indica—Maximowitsch concludes, after a series of experiments upon man and animals, that cannabis indica does not affect the brain alone, but acts also upon the peripheral nerves of the trunk, diminishing their conductivity, and thus to a certain extent isolating them from their centres. Thus in man it produces coldness and numbness of the extremities, anæsthesia, and a condition closely resembling catalepsy. The conductivity of the nerves is so much lessened that irritation can no longer be localized. The larger nerve trunks are more or less isolated from the peripheral nerves; we have, therefore, not only an excitation of the psychical spheres, but also the occurrence of hallucinations of vision and audition; when the eyes are closed sounds seem much louder; and the haschisch eater has continually before him a sea of light with various colored figures (caused by irritation of the optic nerves).—(*St. Petersburg Med. Wochenscrift*, No. 11, 1877.)

Colored Skin-Gafting.—Dr. J. H. Wm. Meyer, records two cases of ulcer of the leg upon which skin-grafting was successfully performed. Upon each the experiment of using grafts from the negro was made, and upon recovery the cuticle resulting from the transplantation preserved the black color.—*Chicago Medical Journal and Examiner.*

Hypodermic injections in Hernia.—Reporting upon three cases communicated to the Société de Chirurgie in which strangulated inguinal hernia was easily reduced after the hypodermic injection of morphia, M. Le Dentu observes that in these cases the strangulation was recent, and although the injections certainly assisted their reduction, it is doubtful how far they would have succeeded had the strangulation been more decided and of longer duration. If the surgeon is called to the case immediately, the injection may be of use by dissipating the pain and spasm; but if some hours have elapsed, it will be always of less value than

chloroform, which enables us to at once recognize whether the hernia is reducible or the operation necessary.—*Gaz. des Hop., Medical Times and Gazette*, April 7, 1877.

Subcutaneous Injection of Salicylic Acid in Erysipelas.—Professor Ferdinand Petersen, of Kiel, states in a postscript to a communication of his in the *Deutsche Medictnische Wochenschrift* that he has on three occasions cut short the progress of erysipelas by injecting a gramme (about 15 minims) of a concentrated solution of salicylic acid under the healthy skin surrounding the affected part. He has made several such injections at the same time in each of the three cases. Whether the happy result was due to the means employed, he will not dogmatically decide. It might be worth trying in other cases of erysipelas.

Treatment of Fissures of the Nipples During Lactation.—Buttler. When fissures of the nipples are not due to some constitutional cause, tinct. of benzoin freely applied to the parts will, in about five to ten days, effect a cure. Only the first application is painful. Tinct. of benzoin forms a covering on the surface of the nipple, and so protects it from the child. Lactation is never interrupted by the above process of treatment.—*The Ohio Med. Record.*

Podophyllin in Hæmorrhoids.—A recent number of the "Gazette des Hôpitaux" contains a communication by Dr Riviére, in which, after agreeing with Dr. Rousselet in his high estimate of the value of podophyllin in habitual constipation, he goes on to express surprise that the latter had said nothing about the virtues of this drug in hæmorrhoids. The action of the drug is simply to cause a soft passage on every occasion. The result is remarkable, but only temporary. The treatment must be kept up for many months in order to gain any permanent benefit.—*Medical Times.*

An Excellent Remedy for Asthma.—Saturate with strong solution of nitrate of potash, one part of coarsely powered belladonna leaves and two parts stramonium and allow it to dry. On igniting a portion on a plate, combustion readly takes place and the fumes are to be inhaled. Relief is usually obtained in a few minutes.—*Canada Lancet, June.*

Remedy for Dandruff.—The *American Journal of Pharmacy* says: A French physician recommends to apply a solution of chloral hydrate containing five per cent. of the latter, by rubbing from one-half to one ounce into the scalp by means of a sponge, and repeating it every morning. A slight burning sensation and reddening of the scalp occurs, disappearing after two minutes. If the hair has fallen off in consequence of the dandruff, it will be renewed in about a month.

Irrigation in Chronic Cystitis.—Dr. Jackson, in *Boston Medical and Surgical Journal*, reports two cases of chronic cystitis successfully treated by constant irrigation. The means used were a vessel containing water, a double catheter, and india-rubber tubing sufficient to convey the water to and from the bladder. The flow was regulated by a stop-cock attached to the reservoir. The position of the vessel should be such as not to cause pain by excessive pressure, but it is neccessary that the bladder should be fully distended at times, in order that the whole surface may be throughly cleansed. About a barrel of water is needed in twenty-four hours. Of the first case, he says that the usual method of intermittent irrigation was adopted, and continued about two months, without benefiting the patient, at the expiration of which time constant irrigation day and night by means of water about the temperature of the body was substituted. A constant flow of water into the bladder was kept up for three days, when the catheter was withdrawn and the urine examined, which, on previous examinations, was alkaline, but now, for the first time, was acid. Irrigation at intervals, varying from two to three days,

was kept up for about one month, at the end of which time the case was discharged cured. Case two was not unlike the first, only in the duration of time; about one month of treatment, by constant irrigation, at intervals varying as about in case one, was sufficient to cure the patient.—*Medical News and Library.*

Seamen's Remedy Against Seasickness.—Professor Xavier Landerer, of Athens, says that a very popular remedy against this ailment, in common use among mariners in the Levant, is the daily internal use of iron. This is obtained in a very primitive way—a portion of the iron-rust adhering to the anchor and anchor-chain is scraped off and administered. At the same time, a small pouch containing roasted salt, and flowers of thyme is tied upon the region of the navel as firmly as can be borne. This is said to lessen and gradually to subdue the antiperistaltic motions of the stomach, caused by the rolling of the vessel. This preparation was already known to the ancient Greeks as "thymian salt." M. Landerer says that he knows several seamen who have been cured by this treatment.—*London Medical Record*, June 15, 1877.

On the Best Means of Promoting Union by First Intention.—Dr. K. E. Rice, in the "*Chicago Medical Journal and Examiner*," says: I have been in the habit, for a good many years, of using a quite simple plan in scalp cuts, which renders shaving of the scalp unnecessary. I use neither sutures, pins, nor plasters, but simply take up a small lock of hair on each side of the cut, near the margin of the wound, and tie them with the surgeon's knot. This simple procedure produces good results, and as I don't recollect of ever seeing the suggestion in any medical works, I thought it would do no harm to give the hint to the profession.

Sweating as a Substitute for Quinine in Intermittent Fever.—Dr. Zeuna, of Tessin, writes to the *Schweizer-Correspond. Blatt*, that in cases of intermittent fever he puts his patient to

bed, administers a laxative of linseed or castor-oil, and keeps him upon a fluid diet. Later, on the day and a few hours preceding the expected attack, he gives him frequently small cups of hot tea to produce a general perspiration, which must not be checked. To more positively insure the sweating, he often applies sinapisms or other external diaphorhetics. If the sweat becomes profuse before the time for the attack, the fever passes away with it, never to return. Convalescence occupies a few days. Zeuna has practiced this plan of treatment since 1869, and claims that he has never yet failed to effect a perfect cure in cases of intermittent fever. Many cases, he says, were quickly relieved by this means after quinia had proved futile.—*Allg. Wiener Med. Zeitung*, June 26, 1877. (*Clinic*).

Empyema and Incision of the Chest.—Dr. J. H. Pooley, Sr., of Dobbs' Ferry, N. Y., writes: "As the treatment of empyema by aspiration and incision is now earnestly engaging the attention of the profession, the following case may prove interesting to some of your readers: About four months ago I was called in consultation to see a boy about six years old, who had been suffering from a severe attack of pleuro-pneumonia. When I first saw him he had not been able to lie down for several days and nights. He was supported on his mother's lap, had entire loss of appetite, great dyspnœa, rapid pulse, high temperature, and hectic fever—in short, was almost moribund. I diagnosed considerable fluid in the left side of the chest—probably purulent—compressing the lung, and pushing the heart to the opposite side. I proposed making a free incision in the intercostal space, where there were some redness and fulness of the integument. The attending physician and parents wished me to do what I thought best, as it seemed impossible for him to live much longer in such a condition. I directly cut between the ribs below the nipple, and evacuated nearly two pints of purulent fluid. His most distressing symptoms were soon relieved; he lay down that night and rested tolerably well. He was ordered quinine and iron, every six hours, with nutritious diet, beef-tea and milk-punch; soon

after, cod-liver oil, and made a rapid recovery. The discharge continued for five or six days, when the wound healed. The expansion of the lung took place gradually, and he is now in good health, showing only a scar on his side and a slight retraction of his chest. Perhaps we cannot often meet with such a favorable result, but it certainly ought to encourage us to repeat this plan of treatment."

A New Method of Detecting a Simulated Monocular Amaurosis.—Although we already possess numerous means for determining the existence of monocular amaurosis, the following new and simple diagnostic point, which has been recently pointed out by M. Galezowski, is both interesting and valuable. When the patient is turned towards a strong light, and the healthy eye is closed completely, the pupil of the amaurotic eye dilates. When the light first strikes the healthy eye the pupil contracts, and the pupil of the amaurotic eye contracts sympathetically; but when the healthy eye is closed the pupillary sphincter of the diseased eye relaxes. As a rule, this dilatation of the pupil can be readily seen with the naked eye; the simultaneous and equal contraction of the two pupils is seen to be succeeded by a slow and progressive dilatation of the pupil of the diseased eye, as soon as the healthy eye is closed. The pupil, as a rule, attains a diameter of four and one-half millimetres, but in some cases the dilatation is less marked, and can only be distinctly seen by the aid of a lens. It is impossible for malingerers to simulate this sign.—*Gazette Medicale de Paris*, May 26th.

Death from Chloroform.—A death from chloroform occurred at Mercer's Hospital, London, June 25th. The patient was an intemperate man, a waiter and billiard marker, aged 27 years. The occasion for the administration of the anæsthetic was the firing of the knee joint for synovitis. Accordingly, on the morning of the 25th, after having given the man, who was rather nervous and excited, an ounce of undiluted whiskey, chloroform

was administered by the experienced chloroformist to the hospital (the apothecary), by means of a Skinner's inhaler. Very soon the patient began to struggle, and within three minutes was under the influence of the anæsthetic. Almost simultaneously, and before any operative steps were taken, a peculiar change in the man's expression was noticed; the face became livid, and at the same moment it was reported that the pulse had become very weak, and then that it had stopped. The tongue was immediately drawn forward, the face and chest slapped with wet towels, a simulating enema given, and nitrite of amyl held to the nostrils, etc. Artificial respiration by Sylvester's method was at once commenced, and vigorously carried on for an hour and fifty minutes; but, although a few gasps and inarticulate sounds occurred, no sign of returning life appeared to reward the persevering efforts which were had recourse to for his restoration. An inquest was held on Wednesday; and the jury, having heard the medical evidence, returned a verdict that the deceased "died whilst under the influence of chloroform, in consequence of fatty disease of the heart." The *post-mortem* examination revealed an advanced stage of fatty deposition upon, and degeneration of, an enlarged heart. There was also a layer of fat on the pericardium, and old pericardial adhesions. The walls of the heart were pale and flabby; that of the right ventricle was thinner than normal. The cavities were dilated and empty. The valves were perfectly healthy, but the aorta was atheromatous. The lungs were extremely congested, and the base of the right hepatized and bound down by firm adhesions. The apices of both contained numerous nodules of caseous matter, which in several places had softened into small vomicæ. The liver, kidneys, and spleen were enlarged and congested. There was chronic gastritis and inflammation of the mucous membrane of the ileum. The coroner and jury and the legal adviser of the deceased widow expressed their opinion that the chloroform was properly administered, and that no blame was in any way attributable to any of the staff of the hospital.—(*Medical Record*).

The Dangers of Ether.—It has always seemed to us the height of folly to declare there could be no danger in any anæsthetic. The lesson taught by the late death from nitrous oxide has, it is to be hoped, been well learned, and we shall in future hear less of the absolute safety of any agent capable of depriving a person of all sensation. Some cases in which ether has been followed by alarming symptoms have lately been recorded. They have been termed syncope, but the word is not appropriate, as the heart continued to beat after respiration ceased. This is what should have been anticipated. When death is produced by ether the animal's heart continues to beat long after the arrest of respiration. The pulse is quickened by ether and maintains its force through a long state of anæsthesia. In these facts lies the safety of ether. But it should never be forgotten that there is danger at a certain stage, and the danger is from the side of the respiration, which at length ceases. Stertorus breathing proceeds from paresis of the muscles of the palate, and should lead to the ether being suspended. So respiration growing more and more shallow and less frequent is a warning, and should not be over-looked. It is very rare that the heart fails—perhaps never. Pallor is rare, too, and should excite attention if it occur. But, we repeat, the danger of ether is from the side of respiration, that of chloroform from the heart, and this fact goes far to explain their relative safety. In chloroform narcosis the danger is much more sudden. Ether gives warning.—*The Doctor.* (London.)

The Employment of Catgut to Stop Bleeding from Bones.—Dr. Riedinger, in a paper with the above title, calls attention to the difficulty that is often experienced in checking hemorrhage from the nutrient vessels of the bones, after amputations and resections. Cauterization does not always succeed, and the introduction of small tampons of wax is contrary to the principle of antiseptic dressings. He recommends, as a substitute, the introduction of one or more bits of catgut into the vascular canal until it is completely obliterated. This is a method which he has himself employed with success, the hemorrhage being arrest-

ed at once. One great advantage of the catgut is that it is completely absorbed from the midst of the tissues, and does not interfere in the least with union by first intention. This has been proved by experiments made on dogs. (See Record, No. 300.) —*Centralblatt fur Chirurgie*, No. 16.

Another Case of Poisoning by the So-called "Homœopathic Solution of Camphor."—Mr. Philip Grubb, of Warminster, England, reports the following case: A young gentleman aged eighteen years, reading for Oxford, of fair average health, in whose family no trace of hereditary tendency to epilepsy exists, took, for the cure of a cold, seven doses of homœopathic camphor, between 6.30 A. M. and 12 noon, on April 11th. Each dose, he says, was three drops, but probably he took more than three drops each time. Within five minutes after taking the last dose, without the slightest warning, he had a severe epileptic fit, in which his tongue was badly bitten. Mr. Grubb did not see him during the convulsion, but the description given of it was such as to leave no doubt of its nature. It lasted more than fifteen minutes. After the fit, the patient felt, as he said "queer," and complained of a peculiar, cold sensation on the tongue, extending for about half an inch from the tip. After the immediate effect of the attack passed off, he was put on bromide of potassium, which, however, did not seem to agree with him. He was then ordered nux vomica, liquor potassæ, and infusion of cusparia. On May 7th he was all but well, though not quite what he was before the attack occurred.

The two labels on the bottle of camphor were as follows:

"Saturated Spirits of Camphor, as used by Dr. Rubini. Ten times the strength of the ordinary Spirit of Camphor."

"Concentrated Solution of Camphor. Dose, two or three drops on sugar, every fifteen minutes; less frequently when relieved." —*The British Medical Journal.*

On the Excretion of Indican and of Lime in Disease.—Prof. H. Senator, of Berlin, in the course of his investigations on

the quantity of indican excreted with the urine in various diseases, was struck with the fact that urine which contained an abnormally high percentage of indican was very frequently, but by no means always, remarkably rich in lime salts. In cases of pulmonary phthisis, for instance, an abnormally large quantity of lime is excreted with the urine, even when but small quantities of food are taken, and in spite of the existence of diarrhœa, and it is in this disease especially that the coexistence of large excretions of lime and indican is most easily demonstrated.

A similar coincidence is very frequently met with in children, in whom, as Dr. Senator has shown, the excretion of indican is very often abnormally large. Next to rachitis he thinks that glandular swellings are most frequently attended by increased excretion of lime salts.

In acute febrile diseases (pneumonia, typhus), the indican and lime salts do not increase *pari passu*, but rather the opposite. The difference is probably in part due to the influence of the diminished supply of food on the lime salts. Pleuritis exsudativa is the only one of these affections in which, notwithstanding the existence of fever, he has noticed an increase in the quantity of lime excreted.—*Centralblatt fur Med. Wissenschaften.*

Transfusion Successfully Performed in a Child.—At the stated meeting of the *Philadelphia Obstetrical Society* on February 1, Dr. A. H. Smith presented for Dr. Stokes, of Moorestown, N. J., the history of a case of transfusion in a boy nine years of age. The patient was suffering from an attack of typhoid fever, which ran the ordinary course until the middle of the third week. He then began to bleed freely from the nose and gums and to pass blood with his urine. The flow from the nose and gums was stopped by Monsel's solution, but would break out afresh on the slightest provocation. Every passage of urine contained, as nearly as could be judged, from two to five ounces of blood. Numerous petechial spots, varying in size from a silver dime to a half dollar, appeared on the skin. Despite the use of iron, alum, and gallic acid, the hemorrhage continued unabatedly for seven

days, when transfusion was determined on. Two and one-half ounces of the father's blood were injected into the median vein of the right arm. The oozing from the nose and gums stopped almost immediately after the operation, and urine passed half an hour afterwards containing neither blood nor albumen. On the second day after the operation the patient was exceedingly prostrated, and there was some bleeding from the nose, which, however, was readily checked by a spray of equal parts of Monsel's solution and water. The improvement was subsequently rapid, and in three weeks the patient was able to go down stairs.

The influence of the operation on the hemorrhages in this case cannot be denied. It is an important point, however, that the urine which was passed half an hour after the operation, and which contained neither blood nor albumen, had been collecting in the bladder for two hours before the operation. The fact that the blood transfused was defibrinated, is of interest in view of the opinion of Lesser (*Boston Medical Journal*, June 26, 1876), that the transfusion of defibrinated blood has no influence in arresting transudation from bleeding surfaces, but is only useful in restoring the nutritive fluid when the drain has been stopped.—*American Journal of Obstetrics*, April, 1877.

A Simple Means of Securing the best Posture for the Leg in a Case of Compound Fracture.—Dr. Banga, of Chicago, has invented a very simple method of securing a fractured leg in a good position. His apparatus consists simply of a smooth board, eight to ten inches wide and long enough to extend from the heel to the popliteal space, and some oblong blocks of wood. The leg having been put up in plaster-of-Paris, as soon as this has hardened, is raised over the board and secured in position at the proper height (from six to eight inches) by two piles of blocks, one beneath the ankle and the other beneath the popliteal region. Three turns of a plaster bandage are taken around the leg above the ankle, and the bandage next carried three times around both leg and board. Another roller is then wound tightly around the parts of the bandage which extend from the leg to the edge of

the board, so as to roll it up into round, slender cords, which are finally coated with plaster cream. A bandage is then similarly applied below the knee. When these have hardened completely, the block pillars are taken away, and the limb remains supported on the four slender pillars or stilts.

The advantages claimed for this apparatus are: that it is easy of application, and the material can always be easily obtained; that it renders the dressing of the wound easy for the surgeon and painless for the patient. All parts of the leg can be got at without difficulty, and dressings applied without moving the limb at all. The stilts, though apparently slight, are very strong, and large portions of the bandage can when necessary, be cut away, without interfering with usefulness. When desired, extra stilts can be made without difficulty.—*Chicago Medical Journal and Examiner*, June, 1877.

Gastrotomy Successfully Performed in a Case of Rupture of the Uterus.—Dr. Hart, of Nieuwer Amstel, in Holland, relates a case of spontaneous rupture of the uterus, in which the patient's life was saved by gastrotomy. She was 37 years old, and was the subject of pelvic contraction. Of three previous labors, the first had been completed naturally after lasting three days; in the second and third the fœtus was extracted with difficulty by forceps. The fourth labor had advanced so far that a segment of the head was engaged in the pelvis, and Dr. Hart was about to use the forceps, when suddenly, while an examination was being made, violent uterine action took place, and considerable hemorrhage occurred from the vagina, after which all pains completely ceased. The fœtus gradually receded, and, after a few minutes, was out of reach, slight sanguineous discharge continuing. The pulse rose to 100, but remained full.

Nine hours after the rupture took place, gastrotomy was performed, Dr. Hart having been obliged to defer the operation in order to perform craniotomy in another case. The pulse had then risen to 126, and there was severe abdominal pain. The fœtus and placenta were found entirely within the peritoneal

cavity, the former lying in a dorso-anterior position. The uterus was firmly contracted. In the supra-vaginal portion of the cervix, anteriorly, there was a transverse rent 3 ctm. in length. As no bleeding was taking place, and there was not sufficient room between the rent in the uterus and the bladder, no sutures were employed, but the pelvis was carefully sponged out. Convalescence was uninterrupted, the temperature never rising above 38° C, ($100\frac{2}{5}$° F.), and the patient was able to go out of doors thirty-three hours after the operation.

Dr. Hart contrasts the success of this case with the results in a series of thirteen cases collected by Prof. Lehmann. In none of these was gastrotomy performed, but in most the fœtus was extracted by version or the forceps. All the patients died within a few days.—*Nederlandsch Tydschrift voor Geneeskunde*, 1876, No. 42, and *The Obstetrical Journal of Great Britain and Ireland*, June, 1877.

SALE VS. THE LOUISVILLE MEDICAL COLLEGE.

[*From the July number of the Chicago Medical Journal and Examiner.*]

Our readers, who have noticed a report of this suit in the June number of this periodical, may also hear "*alteram partem.*" Here is the account, as published over Dr. E. S. Gaillard's signature, in the "Richmond and Louisville Medical Journal":

"In September last, Mr. Sale, a medical student and the plaintiff in this suit, entered the college mentioned. He paid his fees. A few weeks subsequently he was offered (with others) free tuition in a Louisville Medical Institution. This offer was a part of the sworn testimony of the plaintiff. He accepted it and requested a return of his money. This request was of course not granted. He then asked for his tickets. He was told that this College never gave its tickets (the evidence of attendance upon a course of lectures) until the last month of the course. Had the tickets been given there would have been no suit, but they were withheld, and the suit invited. The plea in this suit was failure to comply with promises made. In the garbled version of the magistrate's

decision published in the "Courier Journal," and sent to the Medical Press everywhere, and to the alumni of the Louisville Medical College, it is admitted that this plea could not be, and had not been, sustained by the evidence. The so called "jndgment" of the magistrate was given on the ground that the present Faculty were not legally elected.

"The Book of Minutes of the Proceedings of the Board of Trustees show that the members of the Faculty were not only legally elected by the present Board, but that one of the last acts of the old Board was to elect them (with one exception) before adjournment. It may be asked why was not this book produced and such a "judgment" prevented. The answer is simple; it was in possession of the persecuted Secretary of the Board of Trustees, Dr. B. M. Wible, who was ill and soon after died, and was found after his death, and after the so-called "judgment" had been rendered," and copies of it forced into a daily paper (which never publishes the petty business of a magistrate's court), and actively disseminated for purposes too evident to require indication."

How to Stop Coughing.—In a lecture once delivered by the celebrated Dr. Brown Sequard, he gave the following directions, which may prove serviceable to persons troubled with a nervous cough:

"Coughing can be stopped by pressing on the nerves of the lips in the neighborhood of the nose.—A pressure there may prevent a cough when it is beginning. Sneezing may be stopped by the same mechanism. Pressing, also, in the neighborhood of the ear may stop coughing. Pressing very hard on the top of the mouth inside is also a means of stopping coughing.—And I may say the will has immense power, too. There was a French surgeon who used to say, whenever he entered the wards of the hospital, 'The first patient who coughs I will deprive of food to-day.' It was exceedingly rare that a patient coughed then."

To Prevent the blurring of laryngoscopic mirrors, etc., moisten the surface with glycerine.—*Exchange.*

SUBSTITUTE FOR THE TOURNIQUET.—It has been customary to furnish workmen on English railroads with tourniquets for use, in case of accidents involving hæmorrhage, until medical aid could be obtained. On the London & Northwestern Railway, for the past fifteen months, elastic tubes have been substituted for the tourniquets, with such excellent results that large additional supplies have been ordered. The tube terminates in a hook at each end, and is simply applied while stretched, and the hooks fastened to each other. The advantage seems to be that much less skill is required in the use of the tube than in the application of the tourniquet, and that it is more certain in its action.

PROFESSOR N. R SMITH.

We have received too late for classification under the proper head, the following report of the Allegany County Medical Society:

A committee, having been appointed to draft resolutions of sympathy and respect upon the death of the late Prof. Nathan R. Smith, unanimously adopted the following preamble and resolutions:

WHEREAS, On the 3d day of July, Prof. Nathan R. Smith, M. D., of Baltimore, Md., departed this life at the advanced age of eighty-one years, therefore,

Resolved, That the Allegany County Medical Society, while mourning the loss of one of the most venerable and distinguished physicians and surgeons of the age, takes pleasure in testifying to the record of so honorable and successful a career.

Resolved, That, respected and beloved by all for his uprightness of character as a citizen, no less than as a physician, his name will be remembered with especial reverence by this Society as the distinguished Prof. of surgery for so long a time in the University of Maryland, the *Alma Mater* of many of us.

Resolved, That a copy of these resolutions expressive of our esteem and sympathy be transmitted to the family of the deceased, be spread upon the minutes of the Society, and published in the MARYLAND MEDICAL JOURNAL.

WARDLAW MCGILL, M. D.,
S. P. SMITH, M. D.
CHAS. H. OHR, M. D.,
O. M. SCHINDEL, M. D.,
E. H. PARSONS, M. D.,
Committee.

EDITORIAL.

EDUCATIONAL NOTES.

We find an article under the above heading in the August number of the *Sanitarian*, by Prof. McSherry, of the University of Maryland. Dr. McSherry enters an earnest protest against confining children too much in schools, and taxing them with excessive brain work to the manifest detriment of their physical organization. Education ought to be so conducted that the mind and the body may be both at once healthfully developed, without sacrificing the one to the other. He thinks sixteen hours a week enough for children to devote to mental labor; and that they should never be kept over one hour in the school-room at one time. At the expiration of the hour, the children should be sent out, and the room ventilated. This arrangement, he asserts justly, would be beneficial to both mind and body. He cites Mr Chadwich to prove that children generally are not capable of more than three hours of study in one day; and that when more is forced upon them, their faculties, mental and physical, suffer in consequence.

Children crowded in a school-room with hot air in winter and all the exhalations that are given off by the healthy and unhealthy combined, must necessarily suffer more or less from ochlesis. Parents and physicians ought to protect the children from such evils. In confirmation of the fact of the crowd-poisoning, we may say that Dr. A. N. Bell, made a report to the school board of Brooklyn in which he says: That in some of the primary schools in that city, the children only have fifteen cubic feet of air space, when they ought to have at least a hundred and fifty! The Malthusian theory could not have proved more affective than this practice for keeping down redundant papulation.

We look upon this subject as one of extreme importance, involving not only local but national hygiene; one which requires earnest attention, or as Dr. McSherry says: "A matter of paramount importance in which all the people of the United States have an abiding interest." We trust the people will not overlook a matter which is of such universal and of such vital importance.

We invite the attention of our subscribers and others to the advertisements contained in the MARYLAND MEDICAL JOURNAL. By reading them they can keep themselves informed in many matters of interest and importance to the Profession.

Among our advertisements are many of new remedies, new preparations, and new appliances for the treatment of the sick which we can heartily recommend as coming up to the high standard claimed for them. We exclude all advertisement not thoroughly reliable, and for this reason can commend those published in this Journal.

We have received a letter from Dr. M. J. De Rosset, informing us that Case III, reported in his paper, 'Ophthalmic and Aural Notes,' had called to see him since his paper had been forwarded for publication.

The recovery of the patient was perfect, no diplopia, no swelling, and vision perfect. We received the Doctor's letter too late to insert this report in the body of his paper. As the case was one of unusual interest, the complete history is worthy of record.

BRIEFS.

BOYLSTON MEDICAL PRIZE QUESTIONS.—The following are the questions proposed for 1878:

1. Antiseptic Treatment. What are its essentails? How are they best carried out in practical form?

2. Diphtheria. Its causes, diagnosis, and treatment.

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1878, will be entitled to a premium of seventy-five dollars.

Dissertations on the above subjects must be transmitted post-paid, to J. B. S. Jackson, M. D., Boston, *on or before the first Wednesday in April*, 1878.

The following are the questions proposed for 1879:

I. The relation of animal contact to the disease known as Hydrophobia.

II. Evidences showing that so-called "filth diseases" are not dependent upon "filth."

The author of a dissertation considered worthly of a prize on either of the subjects proposed for 1879, will be entitled to a premium of two hundred dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1879.

Each dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President of the Committee, J. B. S. Jackson, M. D., in a distinct and plain handwriting, *and with the pages bound in book form*, within the time specified.

Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.

Preference will be given to dissertations which exhibit original work.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

Prof. Alpheus B. Crosby, Professor of Anatomy in Bellevue Hospital Medical College, died from apoplexy, at his country seat, Hanover, N. H., on August 10th. He was born in Gilmington, N. H. in 1832, and was, consequently at the time of his death, forty-five years of age. He received his academic and medical education at Dartmouth College, and shortly after graduation was appointed lecturer, and afterwards Professor of anatomy in that school. In 1871 he was appointed Professor in the Long Island Medical College, and shortly afterwards was elected to the chair of anatomy in the Bellevue Hospital Medical College, which position is made vacant by his death. During the war Dr. Crosby served as surgeon in a New Hampshire regiment and while stationed in Virginia met his wife, Miss Mildred Smith of Virginia, who with three children survives him. His reputation as a teacher and surgeon, although deservedly great, was scarcely equal to his social popularity, for he was one of the most genial of men. His death will be learned with great regret by all who knew him.

The Health of Mademoiselle Titiens.—Very erroneous reports have appeared as to state of Mademoiselle Titiens since her departure from London. As Mr. Spencer Wells was the operator, it was hastily assumed that he had removed an ovarian tumor, whereas

the symptoms were all due to obstructed intestine and chronic peritonitis, with effusion of fluid into the peritoneal cavity. Mr. Wells opened the cavity, removed eighteen pints of fluid, and released the intestine, with immediate relief to the urgent symptoms, and he had the great satisfaction of attending, with Dr. Howell, F. R. C. S., of St. John's-Wood, during recovery, which went on without a bad symptom. The wound healed by first intention, and Mademoiselle Titiens had taken two drives before she went to Worthing. The journey there, in a royal-saloon carriage badly coupled, was unusually trying, and for some days there was cause for anxiety, but the last reports are favorable.—*London Lancet.* (*Medical Times*).

Gratuitous Medical Opinions for Life Insurance Companies.—One of the great evils and nuisances at the present time is the frequent application of life insurance companies to physicians for gratuitous opinions as to the capacity and efficiency of medical men applying for the position of medical examiners. It is time for the Profession to cut short this system of polite mendicancy. The information sought is solely for the benefit of the insurance company, and should never be given unless a fee of at least five dollars be transmitted with the official request. Many companies assert that the information is asked of a physician for the benefit of his professional brother. This is only adding insult to injury; it is assuming that physicians can be so stupid as to believe any such fraudulent statement. Stop the nuisance; insist upon the fee, or refuse the information for which the company disreputably begs.—*American Medical Bi-Weekly.*

St. Bartholomew's Hospital.—Sir Sydney Waterlow has just got the consent of the governors of the hospital to a reconstruction of the theatre, museum, and library of the medical school, and to the creation of other accommodation for the education and instruction of students. This undertaking will cost over £50,000, towards which £750 per annum is to be contributed by the professors and teachers out of schools fees. But as the school is now the largest in the kingdom, except, perhaps, that of Edinburgh University, as the number of pupils is increasing rapidly, and as the wealth of the hospital is enormous and likely to be increased, it is good policy to spend money in adapting the school to the want of modern times.—*Lancet.*

The Size of London.—London covers nearly 700 square miles. It numbers more than 4,000,000 inhabitants. It comprises 100,000 foreigners from every quarter of the globe. It contains more Roman Catholics than Rome itself; more Jews than the whole of Palestine; more Irish than Dublin; more Scotchmen than Edinburgh; more Welshmen than Cardiff. Has a birth in it every five minutes, and a death in it every eight minutes; has seven accidents every day in its 7000 miles of streets; has 123 persons every day, and 45,000 annually, added to its population; has 117,000 habitual criminals on its police register; has 23,000 prostitutes; and has 38,000 drunkards annually brought before its magistrates.

At a meeting of the Council of the Royal College of Surgeons, on July 12th, the recently elected members—Mr. J. E. Erichsen, F. R. S., Surgeon to University College Hospital; Mr. W. S. Savory, F. R. S., Surgeon to St. Bartholomew's Hospital; and Mr. Timothy Holmes, Surgeon to St. George Hospital—were introduced, and took their seats at the Council. Mr. G. A. Wright has been appointed Anatomical Assistant in the Museum of the College for the vacancy occasioned by the resignation of Dr. Goodhart.

Male Wet Nurses.—The *Journal des Sages Femmes* has a notice of a German physician in Pomerania who makes a specialty of supplying wet nurses. He excites the secretion of milk, independently of pregnancy. This is effected both in women *and men*. An applicant for a nurse is always asked whether a *male* or *female* is desired. The *former* is preferred by some families under the belief that greater vigor is thus imparted to the offspring.—*Canada Lancet, June.*

Professor Balfour has resigned the office of Dean of the Medical Faculty in the University of Edinburgh, which he has held for upwards of thirty years. This step has not been rendered necessary by any failure of health or power, but by the increasing demands made upon his time and energy by his enormous botanical class, which, like his botanical text-book, is the largest in the world, numbering above three hundred students.

International Medical Congress.—The next meeting of this Congress will be held in Geneva, September 9th. The subjects of

essays and discussions are arranged under six heads, viz.: Medicine, Surgery, Gynecology, Public Medicine, Biology, and Ophthalmology. Many distinguished gentlemen have promised contributions. There will also be an exhibition of surgical and other instruments and appliances.

Dr. J. Marion Sims, is at present sojourning in San Francisco. He was requested by the Profession of that city to give a series of lectures on subjects connected with his specialty, Gynecology, which he consented to do. His first lecture was on the uses of his speculum, his second on hemorrhages from the unimpregnated uterus; and third on the removal of fibroids and polipi.

A United Special Hospital.—A scheme is on foot in London for the establishment of a large hospital composed of separate department, each devoted to special diseases. It is thought that in this way one general medical staff may be able to superintend the whole institution, and that the material may be rendered more valuable for purposes of clinical instruction.

Sir Robert Christison, who has been in failing health for some time, has resigned the Chair of Materia Medica in the University of Edinburgh, which he has held with much distinction since the year 1832. Sir Robert, before being appointed to the Chair which he has now relinquished, had filled, for ten years, that of Medical Jurisprudence.

The Canadian Medical Association.—The annual meeting of this association will be held in Montreal September 12th, under the presidency of Dr. Hingston. Dr. David, of Montreal, is Secretary, and will be glad to receive communications from those intending to take part in the proceedings.

Oscar, the King of Sweden and Norway, has, through the Minister at Washington, Mr. Lewenhaupt, conferred the decoration of Knight Commander of the Norwegian Order of Olaf upon Professor Wm. Pepper, in acknowledgment of services rendered to the Norwegian Commission at the Centennial Exhibition.

PRINCE MILAN has conferred the Gold Cross of the Takowo Order upon Mr. Wm. Collingridge, in acknowledgment of services rendered during the Turco-Servian war. Mr. Collingridge was the first English surgeon upon the Servian field.

The State of Kentucky has not a single Board of Health of her creation, and in the largest city of the State (Louisville) the municipal Council has abolished the entire health organization; a most remarkable measure.

THE FORTY-FIFTH ANNUAL MEETING of the British Medical Association will be held in the Owens College, Manchester, on Tuesday, Wednesday, Thursday, and Friday, August 7th, 8th 9th, and 10th, 1877.

THE EIGHT ANNUAL MEETING of the American Association for the cure of Inebriates will be held at Chicago, Ill. September, 12th, 1877. Important papers will be read, and business transacted &c.

THE MARYLAND MEDICAL JOURNAL—Is kept on sale, regularly, at the office of the Baltimore News Company, S. E. Corner of Baltimore and South Streets, where copies of any number can always be had.

BOOKS AND PAMPHLETS RECEIVED.

THE PROPHYLACTIC TREATMENT OF PLACENTA PREVIA. By T. Gaillard Thomas, M. D., Professer of Obstetrics and Diseases of Women and Children, College of Physicians and Surgeons, New York.

A CASE OF ABDOMINAL PREGNANCY TREATED BY LAPAROTOMY. By T. Gaillard Thomas, M. D., New York. Reprint Vol. I, Gynæcological Transactions, 1876.

A SERIES OF AMERICAN CLINICAL LECTURES, edited by E. C. Seguin, M. D.—*Vol. II, No. 12, Peripheral Paralysis.* By F. T. Miles, M. D., Professor of Anatomy and Clinical Professor of Diseases of the Nervous System, in the University of Maryland, Baltimore, Md. G. P. Putnam & Sons, New York.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF MISSOURI, at its Eleventh Annual Session, held in Kansas City, April 1877. Chas. H. Davis & Co., St. Louis, Publishers and Printers.

ON THE DIAGNOSIS OF URETHRAL STRICTURE, by Bulbous Bougies, with Illustrative Cases. By J. William White, M. D. Reprinted from the *Philadelphia Medical Times*, May 26th.

THE WOMAN'S HOSPITAL IN 1874. A reply to the printed circular of Drs. E. R. Peaslee, T. A. Emmett, and T. G. Thomas, addressed "To the Medical Profession," May 5th. 1877. By J. Marion Sims, M. D., Founder of the Woman's Hospital of the State of New York, and formerly Surgeon to the same. New York: Kent & Co., Printers. June, 1877.

NOMENCLATURE AND CLASSIFICATION OF DISEASES OF THE SKIN. By L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department, Demilt Dispensary, New York; Attending Physician for Skin Diseases at the Out-Patient Department of the New York Hospital, etc. New York: G. P. Putnam's Sons. 1877.

MECHANICAL PROTECTION FOR THE INSANE. By Eugene Grissom, M. D., L. L. D., Superintendent of the Insane Asylum of North Carolina.

SEVENTH ANNUAL ANNOUNCEMENT OF THE BELLEVUE HOSPITAL MEDICAL COLLEGE, Session of 1877–78, New York.

SOLUTION AND ABSORPTION OF MEDICINES, or the Best Means of Securing the Good Effects of Medicines in the Cure of Disease; A paper read before the Tri-States Medical Society at Vincennes, Indiana, November 22, 1876. By J. W. Compton, M. D., Professor of Materia Medica and Therapeutics in the Medical College of Evansville, Indiana.

Reply to Dr. J. Marion Sims' Pamphlet, entitled "THE WOMAN'S HOSPITAL IN 1874," by his former Colleagues, Drs. E. R. Peaslee, T. A. Emmet, and T. G. Thomas. Trow's Printing Company, New York. 1877.

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BELLEVUE HOSPITAL MEDICAL COLLEGE,

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SESSIONS OF 1877—1878.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 3, 1877, and end about the 1st of March, 1878.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALEXANDER B MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDMUND R. PEASLEE, M. D., LL. D.,
Professor of Gynæcology.

WILLIAM M. POLK, M. D.
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHEUS B. CROSBY, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Pyschological Medicine and Medical Jurisprudence.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

EDWARD G. JANEWAY, M. D.,
Professor of Practical Anatomy (Demonstrator of Anatomy)

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of recitations from text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty Regular clinics are also given in the Hospital and in the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$110 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

1-n

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Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium and Potassium.

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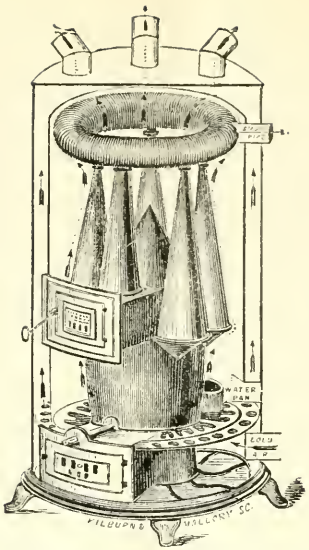

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We learn from reliable sources that in the year 1866, the Madras Government appointed a Medical Commission to test the respective efficacy in the treatment of fever, of Quinia, Quinidia, Cinchonia and Cinchonidia. From the report, it appears that the number of cases of paroxysmal malarious fevers treated was 2472—namely, 836 with Quinia, 664 with Quinidia, 569 with Cinchonia and 403 with Cinchonidia. Of these 2472 cases, 2445 were cured and 27 failed. The difference in remedial value of the four alkaloids may be thus stated—

QUINIDIA---Ratio of cure per 1000 cases,				994
QUINIA	"	"	"	993
CINCHONIDIA	"	"	"	990
CINCHONIA	"	"	"	977

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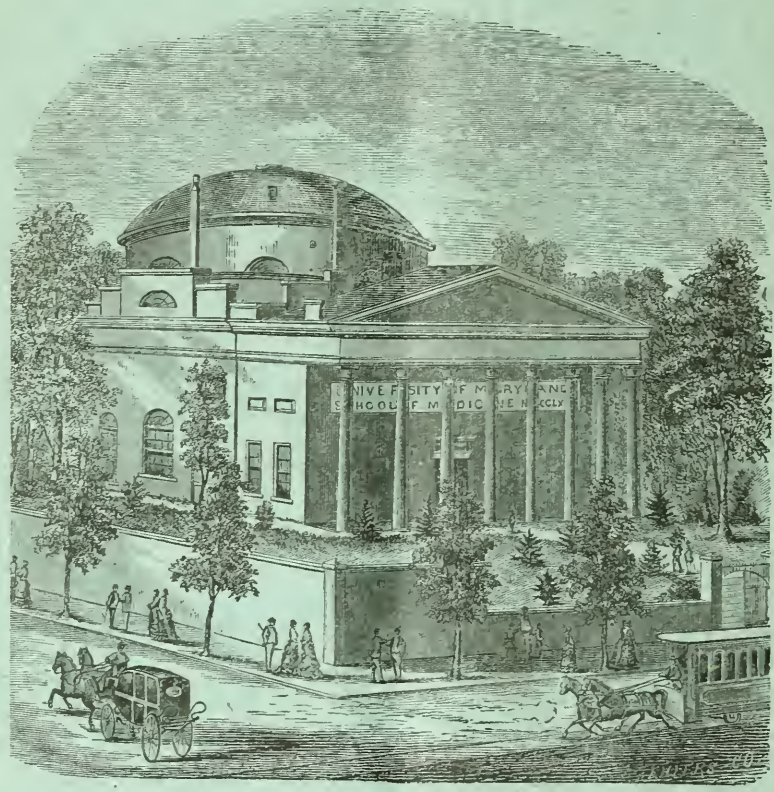

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